



PTO/SB/21 (04-04)

2634

41

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Application Number	09/753,747
Filing Date	December 27, 2000
First Named Inventor	Schurig, Alma K.
Art Unit	2634
Examiner Name	MUNOZ, GUILLERMO
Attorney Docket Number	021180-000210US

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Total Number of Pages in This Submission

ENCLOSURES (Check all that apply)

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| <input type="checkbox"/> Fee Transmittal Form
<input type="checkbox"/> Fee Attached
<input type="checkbox"/> Amendment/Reply
<input type="checkbox"/> After Final
<input type="checkbox"/> Affidavits/declaration(s)
<input type="checkbox"/> Extension of Time Request
<input type="checkbox"/> Express Abandonment Request
<input type="checkbox"/> Information Disclosure Statement
<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Response to Missing Parts/
Incomplete Application
<input type="checkbox"/> Response to Missing Parts
under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)
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<input type="checkbox"/> Petition to Convert to a
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<input type="checkbox"/> Request for Refund
<input type="checkbox"/> CD, Number of CD(s) | <input type="checkbox"/> After Allowance Communication
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<input type="checkbox"/> Appeal Communication to TC
(Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Proprietary Information
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PTO Form SB/83 |
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Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

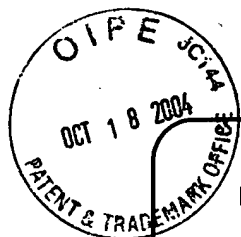
Firm or Individual name	Townsend and Townsend and Crew LLP Kenneth R. Allen	Reg. No. 27,301
Signature	<i>Kenneth R. Allen</i>	
Date	14 Oct 2004	

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Robert L. Jackson
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Signature	<i>Robert L. Jackson</i>	Date	10-14-2004
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PTO/SB/83 (09-03)

**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	09/753,747
Filing Date	December 27, 2000
First Named Inventor	Schurig, Alma K.
Art Unit	2634
Examiner Name	MUNOZ, GUILLERMO
Attorney Docket Number	021180-000210US

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record
- ☐ all the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ all the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: Client request transfer to another firm

CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

☐ Customer Number

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Ryan Clark				
Address	Intellectual Ventures				
Address	1756 114th Avenue SE, Suite 110				
City	Bellevue	State	WA	ZIP	98004
Country	United States of America				
Telephone	425 467-2291	Fax	425 467-2351		
Name	Kenneth R. Allen				
Signature	<i>Kenneth R. Allen</i>	Registration No.	27,301		
Date	14 Oct 2004				

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.